Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 **CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN** (Column 1) (Column 2) SMALL ENTITY TYPE [OR **FOR NUMBER FILED NUMBER EXTRA** FEE RATE FEE RATE **BASIC FEE** 345.00 690.00 OR minus 20= **TOTAL CLAIMS** X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 =X39= X78= OR MULTIPLE DEPENDENT CLAIM PRESENT +130= +260= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR **TOTAL CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY** SMALL ENTITY OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** TIONAL RATE RATE TIONAL **AFTER PREVIOUSLY EXTRA** FEE FEE **AMENDMENT** PAID FOR Total Minus X\$18= X\$9=OR Independent Minus X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	*	Minus	**	=	
	Independent	*	Minus	***	=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	

L		(Column 1)	(Column 2) (Column 3				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
Ş	Total	*	Minus	**	=		
Ä	Independent	*	Minus	***	=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=	-	or	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

AMENDMENT

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09 539521

Total Fee Calculation

	For Gode	Taul # Clium,	Number Etter X	Fee	Foo -	Total
," Busic Filing Fee	Sm./Lg			Sia. Eaury	La Eano	(6)
Total Claims >20		-20 -	·		090110 .	69000
Independent Claim: >1	22011		×		·	
Mult. Dep Claim Present	204/104					
Succharge	205/103					
English Translation	1111	>				130.00
TOTAL FEE CALCULA	TION					\$20.00
Fees due upon filing th	e application					
Total Filing Fees Due :	= S	820.	00	\mathcal{C}_{α}		
Less Filing Fees Submi	πed - \$	690.0	7	Cingh	sh Ma	led
Office of Initial Palent E	= \$ / / / / / / / / / / / / / / / / /	130.N				
FÖRM OIPE-RAM-OI (Rev.	12/97)	Ligo	tre 7			